



#16

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 4138412/76300	
In re Application of Allison			
Application Number 09/206,852		Filed 12/8/1999	
For METHODS FOR TRANSFORMING PLANTS			
Group Art Unit 1638		Examiner Grunberg	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |          |
|--|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 930   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____ |

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 465.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

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JAN 24 2003

OFFICE OF PETITIONS

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January 17, 2003

Date

  
Signature

Kent A. Herink

Typed or printed name

01/24/2003 AWONDAF1 00000017 09206852

02 FC:2253  
Repln. Ref: 02/03/2003 AKELLEY 001122700  
DAH:122253 Name/Number:09206852.  
FC: 9204

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

02/01/2003 AKELLEY  
01/24/2003 AWONDAF1 00000017 09206852  
02 FC:2253  
-465.00 DP

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 09 206,852

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

Amendment

☒ Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

#16

1-23-03

\$ 465.

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 465.

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 

1	2	--	2	2	5	0
---	---	----	---	---	---	---

10 REASON:

Overpayment

Duplicate Payment

☒ No Fee Due (Explanation):

Extension filed after extendable period for reply.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE: Patrice Bond

PHONE:

OFFICE: Office of Petitions

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APPROVED: Alicia Kille

DATE:

1/3/03

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS**  
**[FORM NUMBER PTO-1577]**

*Fill out the form completely, and print or type all information.*

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other \_\_\_\_\_" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
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10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
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**Crystal Park One, Room 802B**

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